

CLAIMS ONLY						Application Number		Filing Date							
						Applicant(s)									
* May be used for additional claims or amendments															
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		Indep	Depend	Indep	Depend	Indep	Depend			
	Indep	Depend	Indep	Depend	Indep	Depend									
1	/						51	/							
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Total Indep							Total Indep								
Total Depend							Total Depend								
Total Claims							Total Claims								

BEST AVAILABLE COPY